

# Weaker Media, Weaker Health News Reporting

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**T**he long recession has drained vital resources from North Carolina's daily newspapers and television stations, already weakened by the expansion of the internet and shifts in news-consuming habits. The economic woes of the mass media lead inexorably to a depletion of their ability to report and analyze major trends and issues in health and health care.

Media are plural. That sentence is correct grammatically, and it states an important truism. Significant differences exist between national media and state-level media, between daily newspapers and local TV news shows, between print media and electronic media. Thus, an analysis of the relationship of North Carolina media to the health care sphere must take into consideration these differences—as well as how media companies have sought to adapt to the transformed economic, societal, and news environment.

At the center of the media environment of the early 21st century stands a paradox. In North Carolina, as well as across the United States, consolidation has taken place along with diversification. Big media companies, based outside of North Carolina, now own most of the state's major journalistic enterprises. Technology has given rise to a proliferation in the delivery platforms for news, analysis, and opinion. Meanwhile, North Carolina media feel the influences of these advances—that is, they feel under siege, as do media in other states, from declining newspaper readers (especially among young adults), from a proliferation of cable-television channels, and from the rise of audience-targeted alternative communication vehicles on the internet.

What had been for decades, even centuries, a spread-out state of small towns and small cities, of farmers and mill workers, of a relatively small elite of affluent business and professional people along with a broad citizenry of people of modest means, of poor and near-poor, North Carolina became something else through the 1980s and 1990s as economic change accelerated. A middle-class and upper-middle-class lifestyle took hold in the burgeoning suburbs of Charlotte, Raleigh, and other cities.<sup>1</sup> Population growth and the rise in education and affluence, however, did not produce a corresponding growth in newspaper circulation. Circulation of North Carolina newspapers on

Sunday, usually the day of highest sales, peaked in 1990 as a percentage of the state's population, and has declined since.<sup>1</sup> In response, North Carolina newspapers, in keeping with general American trends, re-engineered their mix of news and features to appeal to non-readers, to off-again, on-again readers.

Declining circulation of newspapers has sent editors and publishers scurrying to attract new readers—with consumer-oriented features, narrative stories, and brilliant photos and info-graphics. Today's media tell readers more than in the past about business and finance, religion, child-rearing, food, and entertainment—and especially about health and medicine.

Only a few years ago, for example, *The News & Observer* (N&O) in Raleigh had as many as four reporters assigned to various health-related beats. They covered the big pharmaceutical industry in Research Triangle Park, Chapel Hill-based Blue Cross Blue Shield, the medical schools of the University of North Carolina at Chapel Hill and Duke University, and local hospitals. They covered the health care sphere as business, as science, and as personal interest stories.

Today, according to people familiar with the newspaper's staffing, *The N&O* has only one reporter with a primary focus

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on health. *The N&O* and *The Charlotte Observer*, the state's two most powerful daily newspapers, are now owned by the McClatchy Company of Sacramento, CA.<sup>1</sup> These once journalistic rivals now share coverage of sports, features, and state government and politics.<sup>6</sup> Along with other newspapers and TV stations, the state's two biggest newspapers have cut staff through buy-outs and layoffs as the recession cut into their advertising revenues.

The preparation of this essay included breakfast conversations with an array of people knowledgeable in the

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intersection of the media and health in North Carolina—and they consistently described news coverage today as having diminished in quantity and quality, more simply touching the surface, less going into depth and context. Their assessment of the state of health journalism in North Carolina parallels the findings of a March 2009 report to the Kaiser Family Foundation, *The State of Health Journalism in the US*.<sup>2</sup> The study involved a literature review of articles on health journalism, a survey of members of the Association of Health Care Journalists, and informal interviews with more than 50 reporters. The study concluded, “Interest in health news is as high as it’s ever been, but because the staff and resources available to cover this news have been slashed, the workload of remaining reporters has gone up... As a result many in the industry are worried about a loss of in-depth, enterprise and policy-related stories.”<sup>2</sup>

Critiques of press and broadcast coverage usually assess the national media more than state and local TV and newspapers. The Kaiser Family Foundation and the Project for Excellence in Journalism of the Pew Research Center conducted a study of US news media coverage of health issues during the 18 months from January 2007 to June 2008—that is, during the period including the presidential primaries, but not the general election campaign.<sup>3</sup> It monitored 48 news outlets, including newspapers, network and cable TV, radio, and online sources. “This study indicates that news about health occupies a relatively small amount of American news coverage across all platforms,” says the Kaiser-Pew report. “The amount of coverage devoted to health issues ranged from a low of 1.4% on the cable TV programs studied, up to a high of 8.3% on the television network evening newscasts. Overall, specific diseases or conditions constituted the bulk of coverage (41.7%), followed by public health issues (30.9%), and coverage of health policy and the health care system (27.4%). Given the small portion of national news information that is dedicated to the health care system, it may be difficult for the public to become fully knowledgeable about the state of our system and potential changes under debate.”<sup>3</sup>

Among his arguments for health policy change, President Obama has contended that the nation cannot fully assure long-term economic progress without an effort to control health care costs. This fusion of health and economic policy-making makes the debate over health care reform a national, more than a local, news story. North Carolina newspapers will surely run national news agency reports on the debates in Washington and continue to welcome opinion columns from nearby experts and advocates. Still, what the North Carolina public learns about their nation’s health care debate will come more from national than state sources.

So now let’s consider the condition of health news reporting more specifically in the state’s media—and factors that health-care professionals should take into consideration in dealing with state and local reporters and editors.

1) ***Most citizens still look to the mainstream mass media as vital sources of reporting and analysis on current events.***

Even in their reduced-staff weakened state, metropolitan daily newspapers and TV news shows remain critical transmission belts of information and insight.<sup>4</sup> In general, studies show that more people say they get news from TV than from newspapers, while newspapers devote more attention to public policy issues than television. *The News & Observer* and *The Charlotte Observer* appear committed to sustaining investigative reporting: for example, *The N&O*’s recent series on mental health and *The Charlotte Observer*’s award-winning reports on injuries to poultry plant workers. In its daily newspapers, North Carolina has an array of editorial pages committed to serious commentary.

2) ***Dependable, continuous health coverage has diminished.***

The media seem less inclined, and less able, to provide sustained attention to health news, especially critical decisions on policy. The operative word in news coverage these days is “episodic.” During the 2009 session of the General Assembly, the media showed little intensity in covering how lawmakers dealt with mental health issues illuminated by *The N&O*’s investigative series. Funding of Medicaid, granting of certificates-of-need to hospitals, and steep declines in the budgets of Health and Human Services agencies received spotty news coverage.

3) ***A shift from health journalists to generalists.***

Coverage of health-related news is more likely to be assigned to a “generalist” journalist rather than a specialist in health science or business. A legislative or congressional reporter is likely to report on the debates in the General Assembly and in Congress, with stories framed in terms of what lawmakers said and how they voted. What’s more, today’s reporters are expected to produce stories not only for the newspaper or the TV news show, but also for the accompanying website.<sup>4</sup> They work under pressure to put a report online quickly. In this environment, public relations professionals have learned that they must provide background, context, and data to reporters who may not have much sense of what has happened before on a particular issue or a new development in research.

4) ***Health often on front pages and TV screens.***

Still, there remains a thirst for health and medical news and a rush to report health-related stories. Journalists—in particular TV news producers—gravitate to emergencies, public health “scares,” and announcements of new “cures” and technologies. The personal trumps the political or the policy-oriented. As a result, newspaper readers and TV viewers see blanket-coverage of the H1N1 “swine” flu and other such outbreaks. The Kaiser-Pew report points out that cancer received more attention than other diseases, in part because of a spike in attention in spring 2007 when the cases arose of Elizabeth Edwards, spouse of a then-presidential candidate, and White House Press Secretary Tony Snow.<sup>3</sup>

5) **Rise in alternative, non-daily media as sources of health-related news.** Increasingly, news and analysis comes through alternative or non-commercial media. Weekly newspapers—the Business Journals of the Triangle, Triad, and Charlotte—report on the business of health care for a business-oriented audience. The WUNC radio service has a reporter assigned to health issues. A telling case comes from the Health Access Coalition of the NC Justice Center, which recently hired a journalist to produce journalism in behalf of its advocacy agenda, with reports published electronically on a website and a blog. In the March/April 2009 issue of this journal, coalition project director Adam Searing offered a pointed rationale: “When major news outlets no longer have staff dedicated to reporting health issues, room exists for health advocates to investigate and break news themselves. Advocates obviously have their

own agendas and resource limitations as to how and what stories they will tell, but the alternative, increasingly, is no coverage at all.”<sup>15</sup> Clashes over facts and analysis between and among the Health Access Coalition, the State Employees Association of North Carolina, and BlueCross and BlueShield of North Carolina over the state health plan and other matters from time to time generate news reports in daily newspapers and on TV.

The American news media are going through a period of transition, a process that can be described as de-massification. In this process, coverage of state and local governments of sufficient quality and quantity stands in greater jeopardy than coverage of national issues. The current media environment is not altogether healthy for our democracy. NCMJ

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